

AGREEMENT FOR INTERMENT

For use of this form, see DA Pam 290-5; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 24 USC 281 and AR 210-190.
PRINCIPAL PURPOSE: To permit interment of a deceased dependent.
ROUTINE USES: To be filed at the interring cemetery, with access restricted to DOD personnel.
DISCLOSURE: Voluntary, but failure to provide personal data requested could delay or preclude interment.

NOTE: "Interment" as used herein refers to either ground burial or inurnment in a Columbarium niche.

This Agreement made this _____ day of _____, _____.

I, _____, wish to have my _____, _____,

(Name) (Relationship)

_____, interred/inurned in _____,

(Dependent's Name) (Grave or Niche Location)

_____ Cemetery on the basis of my present eligibility for interment therein.

Therefore, I agree to be interred in the same grave/niche upon my own death, and direct my executor to carry out this commitment if I am unable to do so. I further agree that, should I become ineligible for interment in the Cemetery, should I or my executor decide in future I will be interred elsewhere, or should this agreement become unenforceable for any other reason, my dependent's remains will be removed from the Cemetery without cost to the Government.

SIGNATURE

PRINTED NAME, GRADE, AND SERVICE NUMBER/SSN

ORGANIZATION

HOME OF RECORD (Street Address)

(City, State, ZIP Code)

WITNESSES:

(1) _____
SIGNATURE

(2) _____
SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

THIS PORTION TO BE COMPLETED BY CEMETERY PERSONNEL

GROUND BURIAL		COLUMBARIUM INURNMENT	
SECTION	COURT	STACK	
GRAVE	SECTION	NUMBER	